

## **Next Steps on UHC: Moving Forward from the G20 and the HLM-UHC** September 24, 2019

### **Roundtable Discussions**

On September 24, the morning after the landmark UN High-Level Meeting on UHC (HLM-UHC), the Japan Center for International Exchange (JCIE) and the United Nations Foundation convened senior policymakers and global health experts for a closed roundtable at the UNAIDS New York office to discuss what the next steps should be to advance UHC in low- and middle-income countries around the world.

This was intended to build on the progress over the past year in the G20 process, which was chaired by Japan, as well as discussions at forums such as the Tokyo International Conference on Africa Development (TICAD) and the work carried out in New York by the Thai and Georgian missions to the United Nations as co-facilitators of HLM-UHC, as well as by the Group of Friends of UHC, which was chaired by the Permanent Mission of Japan to the United Nations. The objective was to explore what is needed to translate the extraordinary political commitment demonstrated hours earlier at the HLM-UHC into concrete action. The meeting, which was chaired by Japanese Upper House member Keizo Takemi, brought together senior government officials from India, Japan, Saudi Arabia, and Thailand; top leaders from more than a dozen UN agencies and international health organizations; and prominent global health experts. It also featured special remarks by Japan's health minister, Katsunobu Kato.

There was an overall sense that much progress has been made in elevating UHC on the political agenda of heads of state in the last few years, yet the current levels of financing are insufficient to reach the global goals of achieving UHC by 2030. Much more needs to be done to mobilize development assistance as well as domestic resources in low- and middle-income countries. Ten key points were raised as areas of focus in taking the next steps to advance UHC.

#### **<Health Financing>**

##### **1) Sustaining pressure for collaboration between finance ministries and health ministries**

It is critical to engage finance ministries and other government agencies—not just health ministries—in advancing UHC. Progress has been made in encouraging collaboration between health and finance ministries, including the launch this year of the first-ever joint G20 meeting of health and finance ministers. Going forward, it is essential to sustain momentum for collaboration between the finance and health tracks by continuing efforts like this in the G20 framework, as well as by creating incentives for more cooperation at the country level. At the country level, the World Bank's IDA loans, the Global Financing Facility, and the newly launched Global Action Plan for Healthy Lives and Wellbeing for All are valuable tools for encouraging finance ministries and health ministries to collaborate.

## **2) Improving the efficiency of health spending**

Clearly, more generous development funding from major donors is needed, along with the greater mobilization of domestic resources, if we are to make progress on UHC in low- and middle-income countries. But participants also underscored the importance of getting “more health for the money” by improving efficiency and cutting waste. One critical component needs to be for donors to help build the capacity for low-income countries to improve allocative efficiency in their health budgeting. This would entail a shift toward investing more in primary healthcare (PHC). Also, a greater focus on the role of innovation, such as digital health platforms, can help to improve health in a cost-effective manner.

## **3) Increasing donor coordination at the country level**

There has been considerable focus on donor coordination and harmonization in recent years, but some participants argued this is not happening sufficiently within countries. They explained that more needs to be done to ensure that development partners are better aligned toward common country-led goals since there is still too much duplication, overlap, and working at cross-purposes to national agendas. One person suggested launching a “Busan 2” to catalyze movement toward greater donor coordination in service of UHC.

## **4) Maintaining support for disease-specific approaches**

Participants also agreed that it is critical to maintain generous funding for focused initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR, and Gavi, since we cannot achieve UHC when health systems are burdened by the need to respond to costly epidemics. However, even more should be done to further encourage smart collaboration among these initiatives and integrate them into country-owned UHC approaches.

### **<Priority areas>**

## **5) Focusing on PHC as the entry point for UHC**

There was a strong consensus that PHC needs to be the entry point for advancing UHC, and this should be better reflected in investment decisions at the country level. This will require governments to reevaluate their health financing to support primary care needs, which is the most cost-effective approach to ensure greater results throughout the life course. Improving PHC also entails a heightened focus on health promotion and prevention, continued work to build up health workforces that are suited for PHC, and greater efforts to improve access to affordable pharmaceuticals.

## **6) Prioritizing the most vulnerable**

There was general agreement that, to advance UHC, we need to shift toward giving top priority to reaching people who currently do not have access to healthcare. In other words, we have to put “the last mile first,” rather than reaching only for the low-hanging fruit, convincing policymakers that it is most important to extend PHC to marginalized groups, even though they are the most difficult and expensive to reach. Disease outbreaks are more likely to grow undetected into epidemics in poorer or remote communities, and the most vulnerable people also tend to suffer disproportionately in financial terms when they fall ill, so expanding UHC to them will greatly improve health outcomes for the whole society.

## **7) Making greater efforts on financial protection**

There has been considerable progress on service coverage in recent years; however, the indicators for financial protection show a worsening trend, and this will continue to limit access to health services as well as have detrimental effect on progress across other SDGs. It is crucial for the global health community to do more to devise a pathway toward financial protection. One idea that was proposed was, as part of a strategy to encourage increased public financing for healthcare, to implement a global standard that out-of-pocket health expenditures should be limited to 20 percent or less of all health spending.

## **8) Focusing on fragility**

In particular, many participants argued that it is crucial for the global health community to prioritize fragile and conflict environments, perhaps with differentiated models of support from the global community. Reaching marginalized communities and “pockets of fragility” within states is crucial in dealing with communicable diseases as well as in advancing the equity and solidarity agenda. New technology may allow us to do this more effectively than ever before. And better donor coordination can lead to much-needed joint investment strategies that more efficiently target these pockets of fragility.

### *<Approaches>*

## **9) Deepening political support for UHC**

Ultimately, UHC is a political choice, and it is essential that it continue to be positioned as an investment in a healthy and prosperous society rather than as a cost. Political support among decision makers—at the local, national and global levels—must continue to be nurtured and deepened to ensure accountability for delivery on the commitments made at the G20 and HLM-UHC. In particular, there was a strong sentiment that the G20 should continue to reflect and support UHC at highest levels and that parliamentarians must be engaged in more significant ways, in part so they can ensure there is the enabling legislative and budgetary environment necessary for advancing UHC at country level.

## **10) Shifting focus toward the sub-national level**

In order to effectively advance the equity agenda that underpins UHC, it is important to concentrate on working sub-nationally. National-level indicators for health can conceal the disparities within countries, which often are very large. Data technologies can increasingly help us identify in real time the populations that are most vulnerable and not receiving adequate healthcare—those in urban slums, marginalized populations, refugees, displaced people, etc.—so that they can be brought into the health system.

## **11) Mobilizing broader public engagement**

Numerous participants noted that at the country level it is crucial to go beyond health and finance ministries to involve a range of different actors in advancing UHC. In particular, active citizen involvement in the UHC movement is essential, and this requires improved communications and careful messaging. In addition to advancing health promotion and prevention strategies, greater public participation should deepen the base of political support for UHC, helping to strengthen country ownership and convince elected leaders that it is a political imperative to invest more in PHC and other areas that advance UHC.

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The participants lauded the government of Japan, as well as the governments of Thailand and Georgia, for their leadership in championing UHC. While encouraging these countries to remain in the forefront on this issue, they made a strong call for Saudi Arabia to make UHC a priority in the 2020 G20 process. Moving forward, they saw several upcoming events as key milestones for efforts to achieve UHC, including the UHC Forum/Prince Mahidol Award Conference (January 2020, Thailand), the Nutrition for Growth Summit (December 2020, Japan), and, critically, the next G20 meeting in Saudi Arabia.